

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candace B. Northington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 7:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063097 (7)

1. Corporation Name

RIGHTPAK INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
19501 NORTHEAST 10TH AVENUE
SUITE 203
NORTH MIAMI BEACH FL 33179

Mailing Address
19501 NORTHEAST 10TH AVENUE
SUITE 203
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified 08/26/1994	3a. Date of Last Report
4. FEI Number 65-0515266	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
CARANI, SHERRY LEE
19501 N.E. 10TH AVENUE
SUITE 203
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and fee, if applicable)

Agent (Registered Agent corporation required when incorporating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CARANI, SHERRY L	1.2 NAME	
STREET ADDRESS	19501 NORTHEAST 10TH AVENUE, SUITE 203	1.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	Sec. + Treas.
STREET ADDRESS		2.3 STREET ADDRESS	Lawrence Lowe
CITY- ST- ZIP		2.4 CITY- ST- ZIP	19501 N.E. 10th Ave Suite 203
TITLE		3.1 TITLE	No. Miami Beach, FL 33179
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, its officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95